

STATE APPLICATION FOR NEW PROGRAMS

WORKFORCE INVESTMENT ACT APPLICATION FOR NEW PROGRAMS

This form must be completed and sent to the LWIB for certification of new programs. Once certified by the LWIB, the applications will be forwarded to the Tennessee Higher Education Commission. New programs will be added to the State Provider list quarterly.

GENERAL INFORMATION

_____ Name of Institution	_____ City	_____ Date of Submission
() Institution phone number	() Institution FAX number	

Physical location of Institution (street, city, state, zip)

Initially Certified by local area:_____

Initially Certified date:_____

COMPLETE EACH OF THE PROGRAM ATTACHMENT BELOW FOR EACH NEW PROGRAM.

1. In one or two paragraphs, give a broad overview of the program.
- 2.. List of training equipment to be used, indicating if the equipment is owned or leased.
3. Describe how need for the program was established.
4. Complete summary sheet of new program/s (form provided).

Summary List of New Programs

Institution: _____ City: _____

Indicate type of term used by institution with a check mark

Quarter (Q)	semester (S)	contact (C) hours
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Program	Length of Program (Days or Weeks or Months)	Actual Contact hours per program	Total Cost of Tuition	Credential Offered

Duplicate as necessary